

225094

*Community Adult Day Care**Post Office Box 491**Marion, South Carolina 29571**(843) 423-6488*

TO: Tricia DeSanty

FROM: COMMUNITY ADULT DAY CARE---MARION, S.C.—Don DeNitto

RE: DOCKET No. 2010-256-T

Please amend application from C-Charter to Non Emergency application  
Also please find Updated Insurance quote (page 5 of 9)

RECEIVED

AUG 02 2010

PSC SC  
CLERK'S OFFICE

### INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The following Insurance quote is for:

Community Adult Daycare  
Name of Motor Carrier  
300 E. Jones Ave. Ext. Marion SC 29571  
Address of Motor Carrier

**Amount of Premium:**

Liability Insurance \$ 934.00

The above quoted premium is for a term of 12 months.

**Minimum Limits** - Bodily injury and property damage limits will not be less than the following:

		Limits Quoted
Liability Combined Each Occurrence	\$ 1,000,000	1,000,000
Medical Payments per Person	\$ 1,000	1,000

Progressive Casualty Ins. Company  
Name of Insurance Company  
PO. Box 6807, Cleveland, OH 44101-1807  
Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

8/2/2010  
Date

Christina C. Buey  
Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

**Exhibit on Driver Qualifications**

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes ☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes ☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes ☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes ☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes ☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes ☐ No